

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10/601919</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
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Total Indep	/						Total Indep					
Total Depend	25						Total Depend					
Total Claims	26						Total Claims					

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